

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013744

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 17

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)

STE. GENEVIEVE

Length of stay in 1b

LIFE

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 544 LA PORTE STREET

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

STE. GENEVIEVE

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

STE. GENEVIEVE

d. STREET

ADDRESS

(If outside, give location)

544 LA PORTE STREET

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

EDWARD

Middle

A.

Last

HERZOG

4. DATE

OF
DEATH

Month

MARCH

Day

9

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-15-1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

LABORER GENERAL

11. BIRTHPLACE (City and state or country)

STE. GENEVIEVE, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

FRANK X. HERZOG

13b. MOTHER'S MAIDEN NAME

LENA GROVO

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Address 544 LA PORTE ST.

MRS. MABLE PINKLEY, STE. GENEVIEVE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

2 YRS

DUE TO (b)

Arteriosclerotic HEART DISEASE

6 mos

DUE TO (c)

Generalized Arteriosclerosis

5 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Obesity

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-12-61 to 3-9-62 and last saw him alive on 3-7-62

Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3-11-1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

STE. GENEVIEVE,

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

JEROME H. STANTON, STE. GENEVIEVE, MO.

25. DATE RECD. BY LOCAL REG.

10 March 1962

26. REGISTRAR'S SIGNATURE

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6951

20951

3

4 0

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8 2

94200

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Albert Bey

Licensed Embalmer No. 3876

Perryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.